

HARTLAND RECREATION DEPARTMENT REGISTRATION FORM

210 COTTONWOOD AVE, HARTLAND, WI
PHONE: 262-367-0352/FAX: 262-367-2430
VILLAGEOFHARTLAND.COM

PLEASE PRINT & FILL OUT COMPLETELY

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ Zip _____

HOME PHONE: _____ WORK/CELL: _____ EMAIL _____

Please provide your email so we are able to notify you of any changes, cancelations and important information in regards to your class.

I would like to be signed up to receive Hartland Happenings e-Newsletter by email: _____ Yes _____ No

I would like to be signed up to receive current recreation program information by email: _____ Yes _____ No

Geographic Area (i.e., Village of Hartland, Town of Delafield, Village of Merton) _____

Address of business _____ Phone number of business _____

In case of an emergency, please contact me at home or work and if I cannot be reached please contact:

Name: _____ Phone: _____ Relation to participant: _____

Fill in programs for each participant!

FIRST NAME	LAST NAME	BIRTHDATE: MO/DAY/YEAR			SEX	PROGRAM TITLE	DATES OF PROGRAM	TIME	PROGRAM FEE

All participants are requested to sign the following release. Parent or guardians must sign for minors. I/We the undersigned, do hereby agree to allow the above named to participate in the activity indicated. I/We are aware of and understand that there may be potential risks inherent with participating in any recreational activities and that the Village of Hartland does not provide accident insurance. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnity and agree to hold harmless the Hartland Recreation Department employees, staff, and other persons for any and all claims, injuries, liabilities, damage or right of action directly or indirectly arising out of the use of Hartland Recreation Department facilities, equipment, and/or participation in Village of Hartland Recreation Department activities. In the event of medical emergency, I authorize the Recreation Department staff to obtain medical treatment for the above named. I give permission for myself or my child to appear in media/promotion materials approved by the Village of Hartland.

SIGNATURE _____ DATE _____

<input type="checkbox"/> Check (payable to Village of Hartland) <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Master Card <input type="checkbox"/> Visa Expiration Date: ____/____ CVV/CVC #: _____ Payment Amt: _____ Card #: _____ Card Holder Name: _____ Signature: _____	Total
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